

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 08/16/2004		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 08/17/2004							
		FINANCIAL PAYER: NCDMM							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL		
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	
							FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	1829	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8505	336	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	21	2404	2529	125	
		143	69	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE					
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404904	WESTERN HIGHLAN DS LME	8517	3173	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM					
		21	366	DUPLICATE OF CLAIM-SYSTEM	16	3973	4148	175	
		8505	188	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
3404905	TREND COMM MENT AL HLTH CTR	8525	1243	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.					
		143	22	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	1283	1283	0	
		120	11	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM					
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404910	PATHWAYS	8517	3264	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM					
		8599	555	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	150	4869	19003	14134	
		27	324	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB					
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	118	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
		27	60	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	142	243	1018	775	
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404913	MECKLENBURG COM ENTAL HEALT	8599	214	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8517	174	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	93	580	1273	693	
		143	61	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE					

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BENA	8517	7449	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	1535	DUPLICATE OF CLAIM-SYSTEM	27	9805	12854	3049
		8000	451	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404917	CENTERPOINT HUM	8505	695	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	388	DETAIL NOT COVERED BY COMBINAT	271	1582	2853	1271
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	213	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	8599	416	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	291	PROCEDURE IS NOT COVERED FOR T	137	1174	3076	1902
				HIS DATE OF SERVICE				
		8329	148	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404919	GUILFORD CO MEN	21	2431	DUPLICATE OF CLAIM-SYSTEM				
	TAL HEALTHC							
		8505	1165	CLAIM DENIED DUE TO INSUFFICIE	470	5648	11311	5663
				NT BUDGET				
		8599	496	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASHEL	8517	336	CLAIMS DENIED, SUBMITTED BEYON				
	L AREA ME D			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8952	7	CLAIM DENIED DUE TO AGE RESTRI	0	356	449	93
				CTIONS FOR TARGET POPULATION				
		8599	6	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	21	184	DUPLICATE OF CLAIM-SYSTEM				
	HATHAM AREA							
		8329	56	CLAIM DENIED ATTENDING PROVIDE	14	358	1375	1017
				R CANNOT BE THE SAME AS				
				THE LMA				
		8505	48	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO	8599	434	DETAIL NOT COVERED BY COMBINAT				
	RITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	131	CLAIM DENIED DUE TO INSUFFICIE	5	606	5355	4749
				NT BUDGET				
		8329	16	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE	8599	291	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	96	ASTNC INELIGIBLE TO RECEIVE SE	96	481	927	446
				RVICES IN IPRS.				
		537	30	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404926	SOUTHEASTERN RE	8599	928	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	97	CLIENT NOT ELIGIBLE ON SERVICE	92	1266	3541	2275
				DATE				
		23	76	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404927	CUMBERLAND CO M	8599	477	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	174	CLIENT NOT ELIGIBLE ON SERVICE	2	931	7001	6170
				DATE				
		8517	68	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE BARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY	8505	311	CLAIM DENIED DUE TO INSUFFICIE				
	MNTH HLTHC			NT BUDGET				
		8599	30	DETAIL NOT COVERED BY COMBINAT	10	352	444	92
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	8505	597	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		8517	400	CLAIMS DENIED, SUBMITTED BEYON	44	1121	3106	1985
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	8599	54	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	15	NO RATE AVAILABLE ON FILE TO P	16	98	1040	942
				RICE THIS CLAIM DETAIL				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404934	ONSLOW COUNTY B	8329	170	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
	BEHAVIORAL H							
		8599	133	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	431	1027	593
		8505	65	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	21	112	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8517	36	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED	48	271	3377	3106
		8931	34	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404937	EDGEcombe NASH	8517	210	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
	MNTL HLTH C							
		8599	49	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	308	2642	2334
		21	21	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS	8599	1834	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	TONE COUNSEL							
		8329	249	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA	35	2278	4638	2360
		8000	82	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL				
3404939	NEUSE MENTAL HE	8529	1386	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
	ALTH CENTER							
		8505	371	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	13	2011	5793	3782
		8599	76	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MR/DD/S	8517	984	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
	AS CENTER							
		8599	106	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	16	1350	2397	1047
		24	65	PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATION				
3404942	ROANOKE CHOWANN	8505	111	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
	UMAN SERVIC							
		8599	9	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	17	143	641	498
		8931	8	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8329	533	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
		8599	205	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	31	903	2131	1228
		191	41	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404944	EASTPOINTE HUMANA SERVICES	8599	377	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	60	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	53	661	4386	3725
		537	44	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
3404946	FOOTHILLS AREAMENTAL HEALTH	8517	152	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8599	90	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	246	256	10
		8544	2	CLAIM DENIED DUE TO INVALID FROM DATE OF SERVICE				
3404957	TIDELAND MENTAL HEALTH CTR	8517	2267	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8505	61	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	11	2345	2365	20
		8932	10	CMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404959	DAVIDSON CO MENTAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAMH/DD/SA PRO	8599	816	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	176	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	201	1206	6812	5606
		21	97	DUPLICATE OF CLAIM-SYSTEM				